

8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

NA

9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Wayne Harris
Signature of Person Completing Report

5/15/07
Date

Print Name of Person: Wayne Harris, Treasurer

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that it is complete and accurate to the best of my knowledge, information and belief.

Matthew M. Scoggins Jr.
Signature of CEO, CFO or Authorized Representative

5/15/07
Date

Print Name of Person: Matthew (Sonny) Scoggins Jr., CEO

I, Paula Richardson, the undersigned, do hereby witness the above signature of the CEO,
(Printed Name of Witness) CFO or Authorized Representative, which was signed in my presence.

Paula Richardson
Signature of Witness

5/15/07
Date



SS-8011

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TENNESSEE
ETHICS COMMISSION

**Tennessee Farmers
Insurance Companies**

Corporate Headquarters

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Fax Coversheet

Send to: Tennessee Ethics Commission	From: Anthony Kimbrough
Attention: Becky Bradley	Date: 5/15/07
Fax number: 615-253-8704	Phone number:

☐☐☐☐☐

Urgent

Reply ASAP

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Total pages, including cover sheet:

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Please accept this corrected version of page 3.
Note #8.